Diagnostic Services NICE National Institute for Health and Care Excellence

Consultation on draft scope – deadline for comments 5pm on 2/11/2015
email: Diagservice@nice.org.uk

Please note:	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.
Stakeholder organisation (if you are responding as an individual rather than a registered stakeholder please state name here):	**Institute of Biomedical Science**
Name of commentator (if you are responding as an individual rather than a registered stakeholder please leave blank):	**[Sarah May, Deputy Chief Executive**

Comment No.	Page number or **'general'** for comments on the whole document	Line number or **'general'** for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because….
1	1	20 - 21	Shouldn't Private sector or voluntary organisations commissioned to provide services to NHS be included in line 18?
2	2	39 - 40	The text implies that the staff providing the diagnostic service do not also provide interpretation of the results to the referring staff member
3	3	53	What are the criteria for approval to provide and deliver services?
4	3	65	The document needs to clarify what constitutes a "face-to-face" test. What is the difference between this and "point of care" or "near patient testing"?
5	3	68	Define what economic aspects will be taken into account
6	3	75	How will QALY measurement of effectiveness of treatment or intervention be applied to Diagnostic tests which are either a prelude to identifying treatment or intervention or monitoring progress of treatment or intervention
7	4	83	All services covered by scope need to be named
8	4	95	What is the definition of "improving patient outcomes" and how will this be measured? A "normal" results is just as important as an "abnormal" result.
9	4	99	No reference to "urgent" tests and results. Rules for Emergency Department patient waiting times 4 hours – therefore for example Pathology turns round urgent core tests in 30 minutes
10	4	101	Acute hospitals with Emergency Department and Intense Care cannot operate without 24/7 cover which already exists for many Pathology Diagnostic tests
11	4	104	No reference to existing "open access"

12	5	116	No reference to the “Waiting time from reporting the results to the referring clinician reading/acting on”
13	8	179	Identify what are the 15 key diagnostic tests – this clearly would influence the focus of services covered by the guidance
14	8	193	There is a variety in the way services are accessed. It may be appropriate for specialists in the field to determine the most appropriate investigations.
15	8	199	There is no reference to highly trained specialist staff only equipment.
16	8	201	There is no clear definition or explanation of what constitutes a diagnostic test. It is not just a number or normal/abnormal. The reportable result is underpinned by knowledge, skills, training, competency and quality systems
17	10	235	There is no reference to “State Registration” for professional staff to practice
17	10	235	There is no reference to internal and external quality assurance schemes
17	10	246	What does the term “high value” mean?
18	General	General	There is no reference to IT connectivity – interfacing direct recording of all results/reports from any location into the electronic patient record

Add extra rows if needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Please add extra rows as needed

Please return to: **[insert email address]**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.